

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CA (AMBULATORY)

**Facility Information**

**Facility Name:** APPLEWOOD (110481)

**Address:** W6848 COUNTY B, MONROE, WI 53566

**License Status:** REGULAR

**Licensed/Certified/Registered** 07/31/1993

**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0095070      **End Date:** 06/08/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008241    Served 06/22/2005

Deficiencies Cited

83.32(2)(a)2

83.32(2)(c)1

83.32(3)

Subject Area

ASSESSMENT OF MEDICATIONS TAKEN

ANNUAL EVALUATION-PARTICIPATION

SIGNING ASSESSMENT AND ISP

Compliance  
Verified

Corrected

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